STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-420	A. BUILDING: _____ B. WING _____	01/22/2020

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CLAYTON HOME	115 TABERNACLE ROAD BLACK MOUNTAIN, NC 28711

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V 000	INITIAL COMMENTS An annual survey was completed on 1/22/20. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.	V 000		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117		

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V 117	Continued From page 1	V 117		

This Rule is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure the packaging label of each medication contained the required information affecting 1 of 3 audited clients (Client #2). The findings are:

Review on 1/22/20 of Client #2's record revealed:
-an admission date of 10/29/17.
-diagnoses of Post-Traumatic Stress Disorder, Autism, Sexual and Physical Abuse as child, Impulse Control Disorder, and Moderate Intellectual Developmental Disability.
-physician's orders for evening medications were Divalproex Sodium 500 mg 2 at bedtime dated 7/12/19; Fluoxetine 20 mg 1 at bedtime dated 7/12/19; Fluoxetine 40 mg 1 at bedtime dated 7/12/19 and Risperidone 3 mg - 2 at bedtime dated 4/11/19.

Observation on 1/16/20 at approximately 3:00 p.m. of Client #2's medication revealed:
-a plain baggie with 5 loose pills in it.
-2 gray pills, 2 yellow pills, and 1 white pill.
-there was no identifying information on the baggie or the medications.

Interview on 1/16/20 with the AFL provider revealed:
-the loose pills were Client #2's evening medications.
-the medications were easier to give when they were taken out of the packages they came in.
-she realized she should not do this and that each medication should have the proper

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V 117	Continued From page 2 labeling/packaging until administered.	V 117		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	Continued From page 3 This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were available and administered as ordered for 2 of 3 audited clients (Clients #1 and #2). The findings are: Review on 1/22/20 of Client #1's record revealed: -an admission date of 6/13/18. -diagnoses of Attention-Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, Moderate Intellectual Developmental Disability, and Severe to Profound Hearing Loss. -physician orders included Fluticasone Propionate 50 mcg- 1 spray into each nostril daily dated 3/1/19; Hydrocortisone 1% topical cream - apply topically to affected area 2 times a day dated 3/1/19; and Risperidone 0.5 mg 1- 2 times a day dated 4/17/18. Observation on 1/16/20 at approximately 2:00 p.m. of Client #1's medications revealed: -Hydrocortisone 1% topical cream - apply topically to affected area 2 times a day was not available. -Risperidone 0.5 mg 1- 2 times a day was not available. Review on 1/16/20 and 1/22/20 of Client #1's Medication Administration Records (MARs) for November 2019 through January 2020 revealed: - Fluticasone Propionate 50 mcg - 1 spray into each nostril daily was not initialed as given for the entire months of November and December. -Risperidone 0.5 mg 1 - 2 times a day was not listed on any of the months. -Hydrocortisone 1% topical cream - apply topically to affected area 2 times a day was initialed as being given daily through 1/17/20.	V 118		

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V 118	Continued From page 4 Interview on 1/16/20 with the AFL provider revealed: -she thought Client #1's Fluticasone Propionate was as needed. -his Risperidone had been discontinued. -she must have ran out of his Hydrocortisone today, and thought she had more. Interview on 1/22/20 with the Qualified Professional revealed: -she called the pharmacy regarding Client #1's Risperidone and they said it was discontinued, however they did not have a signed discontinue order. Review on 1/22/20 of Client #2's record revealed: -an admission date of 10/29/17. -diagnoses of Post-Traumatic Stress Disorder, Autism, Sexual and Physical Abuse as child, Impulse Control Disorder, and Moderate Intellectual Developmental Disability. -physician's orders for Levothyroxine Sodium 0.05 mg - 1 daily dated 10/15/18; Omepraxole 20 mg - 1 daily dated 4/13/18; Benztropine Mesylate 1 mg - 2 times a day dated 4/11/19; Fluticasone Propionate 50 mcg - 1 spray in each nostril 1-2 times a day dated 2/2/19; Adapalene 0.1% topical gel - apply 1 application topically at bedtime dated 8/2/18; Divalproex Sodium 500 mg 2 at bedtime dated 7/12/19; Fluoxetine 20 mg 1 at bedtime dated 7/12/19; Fluoxetine 40 mg 1 at bedtime dated 7/12/19 and Risperidone 3 mg 2 at bedtime dated 4/11/19. Observation on 1/16/20 at approximately 3:00 p.m. of Client #2's medication revealed: -Adapalene 0.1% topical gel - apply 1 application topically at bedtime was not available. Review on 1/16/20 and 1/22/20 of Client #2's	V 118		

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V 118	Continued From page 5 MARs for November 2019 through January 2020 revealed: -the Adapalene 0.1% topical gel was not initialed as being given in January. -all other medications were initialed as being given up to 1/8/20. Interview on 1/16/20 with the AFL provider revealed: -she had given Client #2 his medications daily as ordered but forgot to initial the MARs. -ran out of the client's Adapalene and would need to get it refilled.	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably	V 119		

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V 119	Continued From page 6 expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge. This Rule is not met as evidenced by: Based on observation, record review and interview the facility staff failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion for 1 of 3 audited clients (Client #1). The findings are: Review on 1/22/20 of Client #1's record revealed: -an admission date of 6/13/18. -diagnoses of Attention-Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, Moderate Intellectual Developmental Disability, and Severe to Profound Hearing Loss. -physician orders included Haloperidol 10 mg 1 - 2 times a day as needed dated 10/2/19; Ondansetron HCL 4 mg 1 every 6-8 hours as needed dated 4/17/18; and Motrin 600 mg 1 every 6 hours as needed dated 4/17/18. Observation on 1/16/20 at approximately 2:00 p.m. of Client #1's medications revealed: - Haloperidol 10 mg 1 - 2 times a day as needed-dispensed 6/6/19 - expired 10/3/19. -Ondansetron HCL 4 mg 1 every 6-8 hours as needed- dispensed 2/27/18 - expired 2/27/19. -Motrin 600 mg 1 every 6 hours as needed-dispensed 6/16/18 - expired 6/16/19. Review on 1/16/20 and 1/22/20 of Client #1's Medication Administration Records for November 2019 through January 2020 revealed:	V 119		

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V 119	Continued From page 7 -Haloperidol 10 mg was initialed as being administered 9 times in November, 11 times in December, and 2 times in January. -Ondansetron and Motrin had not been administered. Interview on 1/16/20 with the AFL provider revealed: -she was unaware the above medications for Client #1 had expired.	V 119		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean, and orderly manner. The findings are: Observation on 1/16/20 at approximately 4:25 p.m. revealed: -the living areas for the clients were cluttered. -the living room had a coffee table between the couch's that was covered with various papers and other items. -the kitchen table was covered with bags, clothes and other various items; the clients would be unable to use the table for meals. -the client bathroom door had blackish stains on the outside.	V 736		

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V 736	Continued From page 8 -Client #3's closet had no door and his clothes were stuffed on the shelves with some spilling onto the floor. -Client #3's dresser drawers were stuffed with clothes sticking outside of the drawers. Interviews on 1/16/20 and 1/17/20 with the AFL provider's revealed: -they just went to the grocery and had not had a chance to put them away. -the home was very small and they were in the process of building a home in another city.	V 736		